

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13643

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>37</u>					
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>							
b. CITY OR TOWN <u>Cameron</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton 0130</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ebenzer E.</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-1953</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-25-1861</u>					
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>2</u>		11. DAYS <u>7</u>		12. HOURS <u>7</u> MIN. <u>1</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>							
11. BIRTHPLACE (City and State or Foreign Country) <u>Morning Sun Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Samuel Lee Jones</u>				13b. MOTHER'S MAIDEN NAME <u>Hannah Hughes</u>							
14. NAME OF HUSBAND OR WIFE <u>Jennie Jones</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____							
17. INFORMANT'S SIGNATURE OR NAME <u>Bram Funeral Home</u>				ADDRESS <u>Hamilton</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pneumonia - hypertensive</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility & advanced</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4560</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>6-26, 1952</u> , to <u>5-2, 1953</u> , that I last saw the deceased alive on <u>5-2, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. E. Miller MD</u> (Degree or title)				23b. ADDRESS <u>Cameron, Mo.</u>		23c. DATE SIGNED <u>5-6-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>Cowdell Mo</u>					
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		3902 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u>		ADDRESS <u>Hamilton</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marion A. Bram

Licensed Embalmer No. *3918*

P. O. Address *Hamilton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.